Example Emergency Health Plan (EHP)

Student: Parent(s): Work phone numbers: Health Care Provider: Preferred Hospital: Preferred Ambulance: Health insurance: Usual Medications (dosage, time, route):	Birthdate:	Weight: Home phone: Emergency phone num Phone number: Phone number: Phone number: Allergies:	Date: bers:
Condition: Severe life-threatening allergic Triggered by: Eating or contact with pean Signs of emergency: Exposure to peanuts-proceed to actions Tightness of throat and or chest, difficu Generalized itching, rash, or hives Swelling or eyes, lips, tongue, throat or Blue or gray discoloration of lips or fing Vomiting, stomach cramps or diarrhea Seizures or loss of consciousness Other	ut products s 1,2, & 3 bel ulty breathin neck gernails	ow immediately	ucts
Actions for school staff to take: 1. Administer Medication	is mg Immonbulance) and nurse, of thing) C (card of the including: ss, emergency g Epi Pen adm	fice, parents, physician iac function) measures instituted, respor	nd symptoms
 If student is still at school in 15-20 m Monitor blood pressure. Elevate legs Cover with blankets if necessary to k handling or observation Other *Directions for use of EpiPen Pull off gray cap Place black tip against upper outer thi Press hard into outer thigh, until EpiP Hold in place several seconds, then re Discard in impermeable container per Special Instructions (for health care prov	inutes, repe if blood pro eep warm; of igh at right and een clicks emove, massager school policy	essure is low lon't allow blankets to in gle to leg ge injection area for 10 secon t, do not return to holder	
Physician's Signature: Parent Signature: Emergency Provider(s) Notification:			_ Date: